2014

City of Jackson, MS Mayoral Campaign Contributions

Chokwe A. Lumumba

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION

	VEGETA EDLOK & POLITICAL COMMITTEE
1.	Name of committee in the state of the change
2.	Address of committee 3234 medgar Ever Blvd.
	City, State, Zip Jackson, Mrs. 39213 Email Choken and for major e grant
	Phone 601-362-0013 FAX 601-362-0021
	Contact Person Willia A. Walson Phone 601-842-9637 Email abakeri & net 200. a
	Contact Full Address 5804 Krisky Dr. Jackey Mrs 39201
	abakerio met zero. com
3.	Is the committee registered with the Federal Election Commission (FEC)?Yes FEC Identification Number No
4.	If the committee is authorized by a candidate: Name of Candidate Chake A. Lumba
	Address 3234 Medge Free Blod 39212 - Campaign Handqualter
	Office sought Party denrecte numbers
5.	Describe, as concisely as possible, the purpose of this committee and, if
	applicable, the identification of affiliated or connected organizations:
/	he committee was formed to orcease funds distuble tunds and
	rouse Funds on beholf of Cholene A. Zumula Fox Mayor of why of
6.	Names and addresses of all officers: (attach separate sheet if necessary)
	A. Name Timethy C. HOWARD Office Co-chair Finances
	Address 106 FARRIND TIN Pl Tracker MS 39110
	B. Name Volando Me Elroy Office co-chare timento
	C. NameOffice
	Address
	D. Name
	Address
7.	Director Willie A. Websha (Signature) (Bate)
8.	Treasurer Barn W. HWARD WAN 411/14
0	(Type Name) (Signature) (Date)
Send `	 Political Committees associated with statewide or multi-county elections should return the form to:
	Delhert Hosemann, Secretary of State, Flactions Division, D.O. Roy 136, Jackson, MS, 30205

Political Committees associated with single county elections should return this form to their

Political Committees associated with municipal elections should return this form to their Municipal Clerk.

County Circuit Clerk.

2014 ELECTION C

ELECTION CYCLE		النفاق				t Hosemann ARY OF STATE
		Political Co	mmittee			
	REPORT OF R	V5 (212)	Mary Services			100
	City of Jac	kson - Spe	cial Election	n for Mayor 👍	4 APR -1	PM 4: 34
Name of Committee	Committee to	Elect	Lola A	Lumba	RECE	IVFN
Address <u>323</u>	1 medan	Erm B	County	Hinib	CITY	LERK
Telephone 601-	362-003		Fax 601	-362-002	JACKSO	in, Ms.
Treasurer Borry	Wayne Howar	V	Email Address	papened	Q bell	south.no
Check her	e if above is different fro	om previous rep	ort			
April 1, 2014 Pre-	Election Report (Januar	y 1, 2014 through	March 29, 2014)			Mandatory
April 15, 2014 Pre	e-Runoff Report (March	30, 2014 through	April 12, 2014)		Runoff Car	ndidates Only
January 30, 2015	Annual Report (January	1, 2014 through	December 31, 201	14)		Mandatory
Termination Rep	oort (Candidate will no lor	ger accept contri	butions or make	Require	d to terminate	reporting

obligations

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar Itemized + Non-itemized = Year-To-Date \$110,876. +\$ 12,275.25 \$ 123,145.80 \$ 123,145.80 \$84,159. +\$ 593.00 \$ 84,752.35 \$ 84,752.35 Total amount of contributions Total amount of disbursements \$ \$ 4, 15%. Total amount of cash on hand Contribution inc report and to the best of my knowledge and belief it is true, accurate, and complete. 😝 I certify that I have examined this Signature of Director or Treasurer

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State: Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
- 3. Candidates for Municipal office should return forms to the Municipal Clerk.

Campaign expenditures and has no outstanding campaign debt obligation)

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Name of Candidate or Committee Che KNe A. Luman 69		
Reporting period Jan 1, 2014 through March 29 14		
14 APR - 1 PM 4: 34 ITEMIZED RECEIP	ΓS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
CIT Other Entries e specify) LC	(Mo., Day, Year)	receipt this period
Full name (CKSON MS Cogital Dry Wall CLC	31214	\$ 250.00
Mailing Address 3 7 2 4 W. Northside Pr	$\square \square \square \square \square$	\$
City, State, Zip Code		\$
Jackson 1ms 39209		
Name of Employer (Required)	$\square / \square / \square $	\$
Occupation (Required)	Aggregate	¢ 72. 40
	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	3 179 174	
Davis Bezemen Law FIRM PC	SIVE VE	\$ 250.00
Mailing Address 4153 B Flat Sheals Parkway		\$
City, State, Zip Code		
Suite 204 Decolur CA 30034		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan	Dete	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Alisha Bynum Fulgham	3179174	\$ 250.00
Malling Address 4418 E. Ridhy Dr.		\$
City, State, Zip Code		\$
Jacks on MS 39211		*
Name of Employer (Required)	\square \square \square	\$
Occupation (Required)	Aggregate	↑ 1 0° 0 62th
Alternes	year-to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Civil Tech Inc.	3 120 174	\$ 250.00
Mailing Address P. O. Bet 12862	$\square \square \square \square$	\$
City, State, Zip Code Jacks on MS 39236 - 2852		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 250.00
	year-to-date	

Name of Candidate or Committee Callet A. Cummin		
Reporting period 2014 through 29 19		
14 APR -1 PM 4: 34 ITEMIZED RECÉIP	TS	
A. Sources PAC Individual Loan	Date	Amount of each
CITY du le Chillease specify)	(Mo., Day, Year)	receipt this period
Full nathAUASUN: MS	3 12 174	
Malling Address		\$ 250.00
2964 Tern KA. 6-2		\$
City, State, Zip Code Jac Ks m. Ins 39262		\$
Name of Employer (Required)		\$
Occupation (Required)	느'느'므	*
Occupation (Reduired)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Full name		this period
Exa Mr. Handison	3 187 174	\$ 250.00
Mailing Address 5918 Confex bury Rd		\$
City, State, Zip Code Technology 7005 3 12 66		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 251.10
C. Source Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Wardall Samits	312129	\$ 300.00
Mailing Address		\$
1333 Hard Field Or.		-
City, State, Zip Code Jechon 7765 3 92 1/		\$
Name of Employer (Required)		
Ja Knowly Self-Impleyed		\$
Occupation (Required)	Aggregate year–to-date	\$ 300.00
D. Source: Corporation PAC Jadividual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Dr. Tel G. Watsty / Dr. Sirkinthia Watson	3 27 174	\$ 300.00
Mailing Address 4671 Hawy 18		\$
City, State, Zip Code		\$
Name of Employer (Required)		<u> </u>
Solid Keck Church Internitorial		\$
Occupation (Required)	Aggregate	\$ 300.00
Yes tex	year-to-date	

Reporting period Jan. 1, 2014 through mak 27, 14

14 APR - 1 PM 4:13 EMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Fill name ACASON: 13.	Date (Mo., Day, Year)	Amount of each receipt this period
John Inth	3 2 12	\$ 300.00
Mailing Address 50.38 Parkm Dr.		\$
City, State, Zip Code		\$
Jalon ms 37211		<u> </u>
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$ (300.00)
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Wil man Scoth	3174174	\$ 300.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
Dist. DIK.	year-to-date	\$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Parcy Bland Stake Form Agency	3113114	\$ 300.60
Mailing Address 16 02 24 M Ale.		\$
City, State, Zip Code Meridian MB 3930		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 300.00
D. Source: Corporation PAC Individual Loan	year-to-date Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	3 123 174	\$ 400-00
Malling Address		77000
5269 Keelo St Suite B		\$
City, State, Zip Code Zucker MS 39206		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 400.00
17		

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Name of Candidate or Committee A. Lumula	Î		
Reporting period Jan 1, 14 through Mark 29, 19			
	ΓS		
	13		
A. Source Licovickation PAC Individual Loan	Date	Amount of each	
CITY CLERK IACK STON (IM See specify)	(Mo., Day, Year)	receipt this period	
rui name	3 14 19	\$ 450.00	
Mailing Address		¥ 1700 · 00	
4316 Bucking hom Cir.		\$	
City, State, Zip Code	m, m, m	\$	
Decahur GA 30035		•	
Name of Employer (Required)	$\square / \square / \square $	\$	
Occupation (Required)	Aggregate	¢ 77.6- AA	
Nuse	year-to-date	\$ 450.00	
B. Source: Corporation PAC individual Loan	Date	Amount of each receipt	
Other (please specify)	(Mo., Day, Year)	this period	
Full name	3 121 179	\$ 485.20	
Mailing Waters			
507 FONDREN Pl.		\$	
City, State, Zip Code		\$	
Julon ms 32216		3	
Name of Employer (Required)	\square \square \square	\$	
Occupation (Required)	Aggregate	\$ 485.20	Soy
Unknown for far	year-to-date		o i
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt	
Other (please specify)	(Mo., Day, Year)	this period	
Full name	3 172 174	\$ 485.20	
Mailing Address			
139 Walnum Are.		\$	
City, State, Zip Code		\$	
Name of Employer (Required)			
Non Protit Justice Strategies		\$	200
Occupation [Required]	Aggregate year-to-date	\$ 475.20	D = 1
D. Source: Corporation PAC Tindividual Loan		Amount of each	,
	Date (Mo., Day, Year)	receipt	
Other (please specify)		this period	
Dr. John Bolls	3 122 1 24	\$ 500.86	
Mailing Address		\$	
City, State, Zip Code			
John M 39209		\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate	\$ (500,04	
Professor	year-to-date	\$ 500.00	

Name of Candidate or Committee Chokwe H. Usmen Committee		
Reporting period 1/1/4 through 3/29/14		
14 APR - 1 PM 4: 35TEMIZED RECEIP	TS.	
A. Source: Qorponation PAC Individual Loan	Date	Amount of each
CITY, CLERK	(Mo., Day, Year)	receipt
Cother foles a specify)		this period
Ty for Turne R	312179	\$ 500.00
Mailing Address		
Toberes	느/느/느	\$
City, State, Zip Code		
		\$
Name of Employer (Required)		\$
Nigam		•
Occupation (Required)	Aggregate	\$ 500.00
Engineer	year-to-date	* D0V.40
B. Source: Corporation PAC Addividual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Costwin E. Doke	31/21/5	\$ 500.66
Mailing Address		
PO DOF 11655		\$
City, State, Zip Code		<u></u>
John 7MS 39283 - 1656	드/드/드	\$
Name of Employer (Required)		\$
State Fram		<u> </u>
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC Landividual Loan	year-to-date	
o. course [] conference [] the []	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	318114	\$ 506.10
Cray man Hykas	<u> </u>	* (500.0)
Mailing Address		\$
17515 Kare Lown St.		<u> </u>
City, State, Zip Code		\$
Detroit, mT 48221		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	6 604 60
Retired	year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)	(,,	this period
Full name	3 128 1 28	\$ 500.00
Mailing Address		
P. O. Box 20073		\$
City, State, Zip Code		\$
Jackson, ms 39289		-
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500.00
Emple 199 of MIR Consinter	year-to-date	\$ 500.00

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	of

Name of Candidate or Committee Chekke A. Kuranan	F	age v of
/ /	-	
14 APR - 1 PH 4:136 EMIZED RECEIP	ΓS	
A. Source: PAC Individual Loan	Date	Amount of each
Char picale appeity)	(Mo., Day, Year)	receipt this period
Full name JACKSON, MS.	3 21 174	
BKI Burk-Kleinpeter Inc.	3 21 19	\$ 500.00
Mailing Address		\$
City, State, Zip Code		
Joslan 700 39216		\$
Name of Employer (Required)		•
		\$
Occupation (Required)	Aggregate	\$ 500.00
B. Source: Corporation PAC Individual Loan	year-to-date	
B. course. corporation 7.40	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Fuil name	3 EL 174	\$ 500.00
Mailing Address		281.30
5038 Porter 01	\square \square \square	\$
Çity, State, Zip Code		
Julan M 34211		\$
Name of Employer (Required)		\$
- Christian Chri		<u> </u>
Occupation (Required	Aggregate yearto-date	\$ 500.10
C. Source Corporation PAC maividual Loan		Amount of each
Other (classes and the	Date (Mo., Day, Year)	receipt
Other (please specify)	(mo., buy, rear)	this period
Full name Carre Kil nore	13 121 174	\$ 500.00
Malling Address		
5038 Forder Do		\$
City, State, Zip Code		\$
Jalon 70 01211		<u> </u>
Name of Employer (Required		\$
Occupation (Required)	Aggregate	\$ 605 8.0
Thomas	year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	3/21/14	
Charlotte Keeves		\$ 500.00
Mailing Address V. O. Both 23278		\$
City, State, Zip Code		
Vanhan MS 01225		\$
Self A-T Salles		\$
Occupation (Required)	Aggregate	,
Red Eghte Brown	year-to-date	\$ 501.40

Name of Candidate or Committee Chilar A. Luminla	•	"go 1/2" (1
Reporting period 11114 through 3129/14		
	TO	
14 APR - 1 PM 4: 35 TEMIZED RECEIP	IS	
A. Source:	Date	Amount of each
RECEIVED	(Mo., Day, Year)	receipt this period
Full name (A.C.C.C.)	[3] [3] [7].	
Intermed Granes Considerts Loc	3 435 1 14	\$ 500.00
Mailing Address		\$
City, State, Zip Code		<u> </u>
madern ms 39110		\$
Name of Employer (Required)		•
		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC ladividual Loan	year-to-date	Amount of each
	Date (Ma Day Year)	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	3 179	\$ 500.00
Jeloni Perha		000.**
Mailing Address 5 Ock (1 96 9/	\square \square \square	\$
City, State, Zip Code		
John ms 39211		\$
Name of Employer (Required		\$
		1 30
self (See led)		4
Occupation (Required) Today And And Marchala and Advisor to	Aggregate	
Lodgesand Morkely and Advertising	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan 5	year-to-date Date	\$ 500.00 Amount of each
Lodgesand Morkely and Advertising	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Midlyidual Loan Confer (please specify) Full name Jesse Jackie Strain	year-to-date Date	\$ 500.00 Amount of each receipt
C. Source Corporation PAC Midividual Loan Other (please specify) Full name 7esse Jackie Skynn Malling Address	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name 7esse Jackie Styron Malling Addréss (6.3 Harper Morket	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Control Composition PAC Individual Loan Control Cont	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Cother (please specify) Full name 7 ess to Jacobis Survey Mailing Address City, State, Zip Code Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Midlyidual Loan Control Composition PAC Midlyidual Loan Control Cont	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Midlvidual Loan Other (please specify) Full name Jesst Jackin Struct Malling Address (6.3 Harrin May Struct City, State, Zip Code Light May Struct Name of Employer (Required) Occupation (Required) Salf Ambred Make Make Make May 14 6 5 wy 14	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Midlyidual Loan Cother (please specify) Full name Jesst Jackin Sum Malifing Address (0.3 Herry Marty City, State, Zip Code Name of Employer (Required) Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date (Mo., Day, Year) Aggregate year-to-date	\$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Midlvidual Loan Other (please specify) Full name Jesst Jackin Struct Malling Address (6.3 Harrin May Struct City, State, Zip Code Light May Struct Name of Employer (Required) Occupation (Required) Salf Ambred Make Make Make May 14 6 5 wy 14	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Pesst Jackin Malling Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Aggregate year-to-date Date	\$ 500.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name 7-55 2	year-to-date Date (Mo., Day, Year) J J J J J J J J J J J J J J J J J J J	\$ 500.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Asst Individual Loan Malling Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) J J J J J J J J J J J J J J J J J J J	\$ 500.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full pame Jesse Jackin Jackin Mailling Addréss City, State, Zip Code Mailling Addréss Composition PAC Individual Loan Other (please specify) Clean Mailling Address Corporation PAC Individual Loan City, State, Zip Code Coty, State, Zip Code Coty, State, Zip Code City, State, Zip Code Corporation City, State, Zip Code City, State, Zip Code Corporation City, State, Zip Code Coty, State, Zip Code Corporation City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, City, State, Zip Code City, State, City, City, City, City, City, City, City, City, City	year-to-date Date (Mo., Day, Year) J J J J J J J J J J J J J J J J J J J	\$ 500.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Asst Individual Loan Malling Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) J J J J J J J J J J J J J J J J J J J	\$ 500.00 Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jesse Jackin Malling Address (0.3 Harring Malling Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Malfing Address (0.4 Loan City, State, Zip Code City, State, Zip Code City, State, Zip Code	year-to-date Date (Mo., Day, Year) J J J J J J J J J J J J J J J J J J J	\$ 500.00 Amount of each receipt this period \$ 500.00 \$

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Name to the state of the state	r	age M of
Name of Candidate or Committee		
Reporting period 1119 through 3/29/19		
14 APR - 1 PM 4: 35 ITEMIZED RECEIPT	ΓS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
CIT buck calke specify)	(Mo., Day, Year)	receipt
Full namA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		this period
Monther W. Homes Carla Ligorias	3 1 2 1 2	\$ 500.00
Mailing Address		
3023 Lynch Aren	<u> </u>	\$
City, State, Zip Code		\$
Name of Employer (Required)		<u> </u>
Status Sected classian Agen	\square I \square I \square	\$
Occupation (Regulred)	Aggregate	
change Azent	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Willie L. Loberson	3/2/12/	\$ 500.00
Mailing Address		
4115 likely till		\$
City, State, Zip Code		* [
Juden Mrs 3206		\$
Name of Employer (Required		\$
Occupation (Required)		<u> </u>
Katica	Aggregate year-to-date	\$ 506.00
C. Source Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(IVIO., Day, Tear)	this period
Full name	3 176 178	\$ 500.00
Malling Address		
334 Felant Hane		\$
City, State, Zip Code		
Julian 7ms 3206		\$
Name of Employer (Required		\$
Occupation (Required)		<u> </u>
Ka-fir sa	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(mo., Day, Tear)	this period
monita Markend	3185184	\$ 500.00
Mailing Address		0.00
8850 Boyne City Kd.	ل ا نیا این	\$
City, State, Zip Code		\$
Charlevoir MT 49720		*
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ (500.00)
Return	year-to-date	\$ 500.00

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Name of Candidate or Committee Christel & Jensey				
Reporting period 111/4 through 3/21/4				
' 'ITEMIZED RECEIP'	TS			
A. Source: Corporation 33Cdodividual Loan	Date	Amount of each		
Four Ethic Ethic Specify)	(Mo., Day, Year)	receipt this period		
Full name CITY CI FOY	315174	\$ 500.00		
Mailing Address		\$		
City State, Zip Code		-		
Indam ms 34209		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate	\$ 500.00		
Katarlal	year-to-date			
B. Source: PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Colden Body Shop	31818	\$ 500.00		
Mailing Address		\$		
City, State Zip Code		\$		
Name of Employer (Required)				
Self-insterd		\$		
Occupation (Required	Aggregate year-to-date	\$ 500.00		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Acord Bobbas	318318	\$ 500.06		
Mailing Address	0/0/0	\$		
City, State, Zip Code				
Carty 70 390 46		\$		
Name of Employer (Required)		\$		
Marke and Lorens Bent	Aggregate year-to-date	\$ 500.00		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name	3/12/14	\$ 501.00		
Miling Address 4120 South Indiana		\$		
City State, Zip Code Charge tilanico (0) 53		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate	\$ 500.00		
1 61 41	year-to-date	1 0		

	r	age At or
Name of Candidate or Committee		
Reporting period 111/4 through 3/29/19		
' ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan	D-4-	Amount of each
PECENIED	Date (Mo., Day, Year)	receipt
CLE Clinet (prease specify)	(WO., Day, Tear)	this period
Full name (1) 1 UL GIVI.	3/12/18	\$ (60).00
Barlonin SUN Bristerie		500.10
Mailing Address		*
4120 South Lourann		\$
City, State, Zip Code		
Chan Man Man 10153		\$
Name of Employer (Required)		
Tamb of Employer (Troquetou)		\$
Occupation (Regulated)	Aggregate	
-W.	Aggregate year–to-date	\$ 500.10
B. Source: Corporation PAC Individual Loan	year-to-date	
B. Source: Corporation FAC Mulvioual Coan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		this period
run name	3 15 114	\$ 500.00
JOHN H. HWING!		
Mailing Address		\$
201 I vary Brook Ct.		-
City, State, Zip Code		•
madera 7005 39/10	닏/닏/닏	\$
Name of Employer (Required)		
		\$
Not Scholar engineery FIRM	Aggregate	
Occupation (Required)	Aggregate year-to-date	\$ 500.00
Occupation (Required)		\$ 500.00
Occupation (Required)	year-to-date Date	\$ 500.00 Amount of each
Occupation (Required)	year-to-date	\$ 500.00 Amount of each receipt
Occupation (Required) Occupation (Required) Officer Septem Fig. 4 C. Source Corporation CAC Individual Loan Cher (please specify)	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each
Occupation (Required) Occupation (Required) OCCUPATION OF AC Individual Loan Other (please specify)	year-to-date Date	\$ 500.00 Amount of each receipt this period
Occupation (Required) Occupation (Required) Officer - Supplied (Ind.) C. Source Corporation CAC Individual Loan Cother (please specify) Full name Hight H Mad	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period
Occupation (Required) Occupation (Required) Officer - Supplies Fine C. Source Corporation CAC Individual Loan Other (please specify) Full name Hight Weel Mailing Address	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period
Occupation (Required) Occupation (Required) Officer - Second Composition CAC Individual Loan Other (please specify) Full name High H NSU Mailling Address O. G. Bet 22625	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06
Occupation (Required) Occupation (Required) OCCUPATION OF AC Individual Loan Other (please specify) Full name Hight Word Mailling Address O. C. Bet 22825 City, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06
Occupation (Required) Occupation (Required) Officer - Secretary C. Source Corporation PAC Individual Loan Other (please specify) Full name Hight H NAM Mailling Address City, State, Zip Code Cocupation (Required) Occupation (Required) PAC Individual Loan Other (please specify) City, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06
Occupation (Required) Occupation (Required) Other (please specify) Full name Hight H NAM Mailling Address City, State, Zip Code Same of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06
Occupation (Required) Occupation (Required) Other (please specify) Full name Hight NAM Mailling Address Other (State, Zip Code Same of Employer (Required) Self - New - Schaller	year-to-date Date (Mo., Day, Year) 3 5 22	\$ 500.00 Amount of each receipt this period \$ 500.06
Occupation (Required) Other (please specify) Full name Hight NAM Mailing Address City, State, Zip Code Same of Employer (Required) Self - New - Schaffth Occupation (Required)	year-to-date Date (Mo., Day, Year) 3	\$ 500.00 Amount of each receipt this period \$ 500.06 \$ 500.06
Occupation (Required) Other (please specify) Fuil name High H NSU Mailling Address City, State, Zip Code Same of Employer (Required) Self = Nest - Schaffth Occupation (Required)	year-to-date Date (Mo., Day, Year) 3 5 22	\$ 500.00 Amount of each receipt this period \$ 500.06
Occupation (Required) Other (please specify) Full name Hight NAM Mailing Address City, State, Zip Code Same of Employer (Required) Self - New - Schaffth Occupation (Required)	year-to-date Date (Mo., Day, Year) J / S / A J / J / D Aggregate year-to-date	\$ 500.00 Amount of each receipt this period \$ 500.06 \$
Occupation (Required) Other (please specify) Fuil name High H NAM Mailling Address City, State, Zip Code Occupation (Required) Self New School (Required) Self Occupation (Required) D. Source: Corporation PAR Individual Loan	year-to-date Date (Mo., Day, Year) J / J / J J / J / J Aggregate year-to-date Date	\$ 500.00 Amount of each receipt this period \$ 500.06 \$
Occupation (Required) Other (please specify) Fuil name High H NSU Mailling Address City, State, Zip Code Same of Employer (Required) Self = Nest - Schaffth Occupation (Required)	year-to-date Date (Mo., Day, Year) J / S / A J / J / D Aggregate year-to-date	\$ 500.00 Amount of each receipt this period \$ 500.06 \$
Occupation (Required) Oction C. Source Corporation CAC individual Loan Other (please specify) Full name High H Man Mailling Address City, State, Zip Code Camporation Required Self Address Occupation (Required) Self Corporation Page Midividual Loan Other (please specify) Full same	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06 \$ Amount of each receipt this period
Occupation (Required) Other (please specify) Full name Hight NAM Mailing Address City, State, Zip Code Vame of Employer (Required) Self Occupation (Required) D. Source: Corporation Page Individual Loan Other (please specify) Full pame Other (please specify)	year-to-date Date (Mo., Day, Year) J / J / J J / J / J Aggregate year-to-date Date	\$ 500.00 Amount of each receipt this period \$ 500.06 \$
Occupation (Required) Other (please specify) Full name High H Msul Mailing Address City, State, Zip Code Same of Employer (Required) Self - Msul - Sufful Occupation (Required) D. Source: Corporation PAG Midividual Loan Other (please specify) Full same Milling Address	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06 \$ Amount of each receipt this period \$ 500.00
Occupation (Required) Other (please specify) Full name High H MM Mailling Address Occupation (Required) Self - MM - Scholle Occupation (Required) D. Source: Corporation PAG Midividual Loan Other (please specify) Full pame Full pame A Scholle Other (please specify)	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06 \$ Amount of each receipt this period
Occupation (Required) Other (please specify) Full name Hight Now Mailing Address Other (Required) Self (Angle of Employer (Required) Self (Angle of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) Full name Other (please specify) Full name Other (please specify) Full name Other (please specify) City, State, Zip Code	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06 \$
Occupation (Required) Other (please specify) Full name High H MH Mailling Address V. G. Bet 22 25 City, State, Zip Code Occupation (Required) Self - MH Occupation (Required) D. Source: Corporation PAG Individual Loan Other (please specify) Full pame Other (please specify) Full pame Other (please specify) Full pame Other (please specify) City, State, Zip Code Other (please specify)	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06 \$ Amount of each receipt this period \$ 500.00
Occupation (Required) Other (please specify) Full name High H Man Mailling Address Occupation (Required) Self - Man Occupation (Required) Description Other (please specify) Full name High H Man Milling Address Occupation (Required) Description Other (please specify) Full name Other (please specify) Name of Employer (Required)	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
Occupation (Required) Occupation (Required) Other (please specify) Euli name Hight Now Mailing Address City, State, Zip Code Occupation (Required) Self - Now - Scholler Occupation (Required) Occupation (Required) Other (please specify) Full same Other (please specify) North Address LS - Als Weld Subt 1724 City, State, Zip Code Delroit AL 48226 Name of Employer (Required) Self - Subt 1724 City State, Zip Code Delroit AL 48226 Name of Employer (Required) Self - Subt 1724 Name of Employer (Required)	year-to-date Date (Mo., Day, Year) 3 5 2	\$ 500.00 Amount of each receipt this period \$ 500.06 \$
Occupation (Required) Other (please specify) Full name High H Man Mailling Address Occupation (Required) Self - Man Occupation (Required) Description Other (please specify) Full name High H Man Milling Address Occupation (Required) Description Other (please specify) Full name Other (please specify) Name of Employer (Required)	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period \$ 500.06 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00

Name of Candidate or Committee	-	
Reporting period 11114 through 3/27/19		
ITEMIZED RECEIP	TC	
1/APR - 1 PM 4: 35	TS	
A. Source: Corporation PAC Individual Loan	D-4-	Amount of each
DECEIVED	Date (Mo., Day, Year)	receipt
CLTA Clease specify)		this period
JACOBA CAR	3 21/14	\$ 5.25.06
Malling Address		•
1915 Nordan lene	<u>/ </u>	\$
City, State, Zip Code		\$
mentering AL 36/06		
Name of Employer (Required)	$\square / \square / \square$	\$
Occupation (Required)	Aggregate	A [
	year-to-date	\$ 525.00
B. Source: Corporation PAC Individual Coan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	19 12 12	
ite C. Collins	31/21/4	\$ 1,000.06
Mailing Address		\$
9.0. Box 9325		
City, State, Zip Code		s
Jacken 75 39286		
Vame of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 7.600.60
+ Jahren	yearto-date	7,000.14
C. Source PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	2 .73 .72	
SOL Engrana	3/2/4	\$ / 000
Mailing Address		\$
Centra 705 39046		\$
Name of Employer (Required)		
		\$
Occupation (Reguired)	Aggregate year-to-date	\$ / 000
D. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Year)	this period
Tenso Vitto	31/2/14	\$ / 000
Mailing Address		
1176 Bin Creek Rd		\$
City State, Zip/Code		\$
Wame of Employer (Required)		T
Sel F		\$
Occupation (Required)	Aggregate	\$ 7.000.
concrete contractory	year-to-date	

	P	age 💇 of 🗺
Name of Candidate or Committee		
Reporting period through through		
/ /	-0	
THE WILLED RECEIP I	S	
A. Supplied Corporation PAC andividual Loan		Amount of each
	Date	receipt
CF Other whase specify)	(Mo., Day, Year)	this period
Full name TV C F. C	3 1 12 1 19	\$ / 060.00
Mailing Address	<i></i>	7 114 10
		\$
City, State, Zip Code		
Raplan 195 34/87		\$
Name of Employer (Required)		
Boler Strater	ᆜ/ᆜ/ᆜ│	\$
Occupation (Required)	Aggregate	\$ Long. VD
Htyrnel	year-to-date	\$ \$ 600.00
B. Source: PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		this period
Western Kestonat Bar Drill who	3 B 12	\$ / 600 00
Mailing Address		
440 N. Mill St	旦/旦/트	\$
City State Zip Code		
Jackson ms 39242	느/니/니	\$
Name of Employer (Required)		\$
	<u></u>	<u> </u>
Occupation (Required)	Aggregate year–to-date	\$ / 101
C. Source Corporation PAC midividual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Tear)	this period
Full name	31818	\$ 600 00
North 17. Kuganta		
Mailing &ddress		\$
City, State, Zip Code		
(Indon , MS 39225		\$
Name of Employer (Required)		\$
Mise Colle School of lan		
Occupation (Required)	Aggregate	\$ 7,101
D. Source: Corporation PAC Individual Loan	year-to-date	
	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	3/12/18	\$ / 000
Hobel F. Wilkers PUC		\$ / 000
Halling Address		\$
City, State, Zip Code		
Jacker MS 3 221/		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	1
Occupation (Neguneu)	Aggregate year–to-date	\$ 7,000
		<u> </u>

Page	B	of	122
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Name of Candidate or Committee	_	age MZ of A
Keperang period	- TO	
ITEMIZED RECEIP	15	
A source: Corporation PAC Individual Loan	Date	Amount of each
RECEIVE (please specify)	(Mo., Day, Year)	receipt this period
Full dame CLERN	J3 122 1 Z4	
Malling Address	2 16 129	\$ /000 00
615 Strevold Street St 1724	$\square / \square / \square $	\$
City, State, Zip Code		•
Net 1 48226		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	6 (7 =) 4
	year-to-date	\$ 7.600
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full game	3 19 179	\$ 4000
Mailing Address		7
149 Charle Bristone Rol	<u> </u>	\$
City, State, Zip Code		\$
D 6 10 3 9012		J
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 7450
Interior .	Aggregate year-to-date	\$ 1110
C. Source PAC Individual Loan	year-to-date Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date	\$ 1110
C. Source PAC Individual Loan Other (please specify)	year-to-date Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 4352 W. Carly Law Rd	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 4352 W. Conde love Rd City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 4352 W. Carly Law Rd	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2000 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address ASSZ W. Conty law Rd City, State, Zip Code Carlo PRS 392/2 Fame of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address ASS W. Confer law Rd City, State, Zip Code	year-to-date Date (Mo., Day, Year) J / J / J J / J / J Aggregate	Amount of each receipt this period \$ 2000 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address ASSZ W. Conty law Rd City, State, Zip Code Carlo PRS 392/2 Fame of Employer (Required)	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address H. 5.2 W. Contact Red City, State, Zip Code City, State, Zip Code Cocupation (Required) D. Source: Cerporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) J / J / J J / J / J Aggregate	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Comparation PAC Comparation Comparation PAC Comparation Comparation PAC Comparation PAC Comparation PAC Comparation Comparation PAC Comparation Comparation PAC Comparation Compa	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Loan Loan Mailing Address Loan City, State, Zip Code City, State, Zip Code Cocupation (Required) D. Source: Cerporation PAC Individual Loan Other (please specify) Full name Loan Full name Loan Other (please specify)	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Comparation PAC Comparation Comparation PAC Comparation Comparation PAC Comparation PAC Comparation PAC Comparation Comparation PAC Comparation Comparation PAC Comparation Compa	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Loc Mailing Address Loc City, State, Zip Code Carporation PAC Individual Loan Other (please specify) Full name Comparison PAC Individual Loan Other (please specify) Full name Comparison Corporation Corporat	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Common Co	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Loc Mailing Address Loc Mailing Address Loc City, State, Zip Code Occupation (Required) Occupation (Required PAC Individual Loan Other (please specify) Full name Contact City, State, Zip Code City, State, Zip Code City, State, Zip Code	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Common Co	year-to-date Date (Mo., Day, Year) J / J / J Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$

Page 14 of 23

Name of Candidate or Committee Challet A. A. Mary Can		ager of Es
Name of Candidate or Committee		
Reporting period through through	T	
I EMIZED RECEIP	TS	
A Source: PAC Individual Loan		Amount of each
	Date	receipt
RECEIVether (please specify)	(Mo., Day, Year)	this period
HUNGSONAIS. Many make States	3 24 14	\$ 640
Mailing Address		·
1.0 But 3133	느!!느!!느!	\$
Clby, State, Zip Code		\$
Thelon 705 37217		<u> </u>
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
	year-to-date	\$ / 11
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
Count & Country Long	J 124 124	\$ / 100
Mailing Address		\$
8.6. BIL 343		
City, State, Zip Code		\$
Vame of Employer (Required)		
		\$
Occupation (Required	Aggregate	\$ /111
C. Source Corporation PAC Individual Loan	year-to-date	Amount of each
	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	3 24 174	\$ / 000
Mailing Address		
151 Nissen Wal Soulo F	3 1/3 1/4	\$ SM
City, State, Zip Code		\$
Carring ms 3704		
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate	S 744003 500 00
	year-to-date	7,00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	3 124 14	\$ / 070 00
Mailing Address,		*
126 Amt 81	3/3/2	\$ 2 00000 Re Funde
City, State, Zip Code		\$
Name of Employer (Required)		
Chaine of Employer (regulate)		\$
Occupation (Required)	Aggregate	\$ 3000 *
	year-to-date	
	# se	e Returned to
	土の	is pa